S. No. 2
M—5-42
5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8006

State File No.

Registration District No. 373 Primary Registration District No. 4245 Registrar's No. 13

12

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Marshfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Marshfield Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Washington Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Peggy Lou Price

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 20 (Day) - 1942 (Year)

8. AGE: Years no | Months 2 | Days 7 | If less than one day x hr. x min.

9. Birthplace Marshfield, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Infant

11. Industry or business x

FATHER
12. Name Elmer Price
13. Birthplace Webster County, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lema Allen
15. Birthplace Webster County, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lema Price
(b) Address Marshfield, Mo.

17. (a) Black Oak (Burial, ~~cremation, or removal~~) (b) Date thereof 3-1-43 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Black Oak

18. (a) Signature of funeral director Rex Lainey
(b) Address Marshfield Mo

19. (a) 3/28/43 (Date received local registrar) (b) J R Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27
year 1943 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from Feb. 26th 1943
19 to Feb. 27th 1943
that I last saw her alive on Feb. 27th 10:35 P.M. 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilateral lobar pneumonia	3 days.
Due to Bilateral lobar pneumonia	3 days.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature E. S. Macauley (~~M.D.~~ or other) D.O.
Address Marshfield Mo Date signed Mar. 2nd, 43

820

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 343-330
Date Filed MAR 6 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Rex Laing

Licensed Embalmer No. 3312

P. O. Address Marshfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.